FORM D

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UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

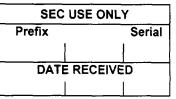


OMB APPROVAL

OMB Number: 3235-0076

Expires: November 30, 2003 Estimated average burden

Estimated average burden hours per response 16.00



Name of Offering (check if this is an amendment and name has changed, and indica	te change)	
Series A-1 Preferred Stock Financing		CLU
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506		4.7.1.4
Type of Filing: New Filing Amendment		
A. BASIC IDENTIFICATION I		2003 -
1. Enter the information requested about the issuer		0.4
Name of Issuer (check if this is an amendment and name has changed, and indicate	change.) THOMS(
Network Physics, Inc.	FINANCE	A)
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	
491 Fairchild Drive Mountain View, CA 94043	(650) 230-0959	
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)	<u>*</u>
(if different from Executive Offices) Same	Same	h.
Brief Description of Business		Teas .
Networking		C. C.
	C WAR 23 M	
Type of Business Organization		
	other (please specify):	
business trust limited partnership, to be formed		
Month Year		7
Actual or Estimated Date of Incorporation or Organization: 0 2 9 9	Actual Estimated	
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbre	eviation for State:	
CN for Canada; FN for other foreign juri	sdiction) DE	

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Potential persons who are to respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 197½ (2/99) 1 of 9

	A	BASIC IDE	NTIFICATION DATA		
of the issuer;	r, if the issuer has being the power to vot	e or dispose, o	or direct the vote or dispos	sition of, 10% or	r more of a class of equity securitie
Each general and managing	-		or corporate general and i	nanaging partite	is or partifership issuers, and
Check Box(es) that Apply: Pro		icial Owner		□ Director	General and/or Managing Partner
Full Name (Last name first, if individues, David	idual)				
Business or Residence Address (Nc/o Network Physics, Inc., 491 Fai		• • •	·		
Check Box(es) that Apply:	omoter 🛛 Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if individual Duong-van, Dr. Minh	idual)				
Business or Residence Address (Nc/o Network Physics, Inc., 491 Fai		•	•		
Check Box(es) that Apply: Pro	omoter 🛮 Benef	icial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indivi VantagePoint Venture Partners II	•	· · · · · · · · · · · · · · · · · · ·			
Business or Residence Address (N Attn: Danny Yu, 1001 Bayhill Dri			•		
Check Box(es) that Apply:	omoter 🗵 Benef	icial Owner	Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if individucent Venture Partners II LLC	idual)				
Business or Residence Address (NAttn: Peter Rokkos, Room 6G-212	-		,		
Check Box(es) that Apply: Pro	omoter 🛮 🖾 Benef	icial Owner	Executive Officer	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individed Sofinnova Venture Partners V, L.					
Business or Residence Address (N Attn: Eric Buatois, 140 Geary Str			,		
Check Box(es) that Apply: Pro	omoter Benefi	cial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, if individualt, Nicholas L.	idual)				
Business or Residence Address (N 421 Guuinda Street, Palo Alto, CA		City, State, Zip	Code)		
Check Box(es) that Apply:	omoter 🛮 Benef	icial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if indiv Intel Capital Corporation	idual)				
Business or Residence Address (N c/o Intel Corporation, Attn: Intel			•	M/S RN6-46, S	Santa Clara, CA 95052-8119

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first, SunAmerica Investments,	•				
Business or Residence Addi Attn: Troy Fukumoto, 1 S			1		
Check Box(es) that Apply:	Promoter	☑Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, InfoVista SA	if individual)				
Business or Residence Addi 6, rue de la Terre de Feu,	,		Code)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	if individual)				
Business or Residence Addi	ress (Number a	and Street, City, State, Zip	code)		
	(Use blar	nk sheet, or copy and use	additional copies of this s	heet, as necessar	y.)

				B. II	NFORMAT	TON ABO	UT OFFEI	RING				
											Yes	No
1. Has the	Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?											\boxtimes
2. What is	the minim	um investm	ent that will	be accepte	d from any	individual?				••••••		
2 Doggath	Does the offering permit joint ownership of a single unit?										Yes	No
3. Does in	ie offering p	ermit joint	ownersnip (or a single i	JN11.7				**************		\boxtimes	
commis a person states, I	ssion or sim n to be liste list the nam	tion request illar remune ed is an asso te of the bro ou may set t	ration for so ociated perso oker or deal	olicitation of on or agent er. If more	of purchaser of a broker than five (s in connec or dealer re (5) persons	tion with sa egistered w to be listed	les of secur ith the SEC	ities in the and/or wit	offering. If h a state or		
Full Name	(Last name	first, if ind	ividual)									
												
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated B	Broker or De	aler									
States in W	/hich Perco	n Listed Ha	c Solicited	or Intende t	a Salicit Pur	rchacers	···-					
		or check ind										. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)									
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)					···	
Name of A	ssociated B	roker or De	ealer									
States in W	/hich Perso	n Listed Ha	s Solicited	or Intends t	o Solicit Pu	rchacers						·············
		or check ind										. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name	first, if ind	ividual)								_	
		<u></u>										
Business o	r Residence	Address (N	Number and	Street, City	y, State, Zip	Code)						
Name of A	ssociated E	Broker or De	ealer									
States in 11	/hich Darco	n Listed Ha	s Solicited	or Intends t	o Solicit Po	rchasere						
		or check ind				101143013						. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U	SE OF PROCE	EDS		
۱.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box \square and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggrega Offering F		Amount Already Sold	
	Debt	\$0.00		<u>\$0.00</u>	
	Equity (includes shares issued upon conversion of notes previously issued) Common Preferred	\$4,121,401.3	0	\$2,560,596.70	
	Convertible Securities (including warrants)	\$0.00		<u>\$0.00</u>	
	Partnership Interests	<u>\$0.00</u>		\$0.00	
	Other (Specify)	\$0.00		\$0.00	
	Total	\$4,121,401.3	<u>0</u>	\$2,560,596.70	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."			Acquiagets	
		Numbe Investo		Aggregate Dollar Amount of Purchases	
	Accredited Investors	<u>15</u>		\$2,560,596.70	
	Non-accredited Investors	<u>0</u>		<u>\$0.00</u>	
	Total (for filings under Rule 504 only)		-		
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	T		D. II.	
	Type of offering	Type of Securit		Dollar Amount Sold	
	Rule 505				
	Regulation A			 _	
	Rule 504				
	Total				
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	,			
	Transfer Agent's Fees			\$0.00	
	Printing and Engraving Costs			\$0.00	
	Legal Fees		\boxtimes	\$120,000.00(es	<u>st.)</u>
	Accounting Fees			\$0.00	
	Engineering Fees			<u>\$0.00</u>	
	Sales Commissions (specify finders' fees separately)			\$0.00	
	Other Expenses (identify) (Blue Sky Filing Fees)		\boxtimes	\$400.00	
	Total		\boxtimes	\$120,400.00(es	<u>st.)</u>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

	b. Enter the difference between the aggregate off and total expenses furnished in response to Part C proceeds to the issuer."	- Question 4.a. This difference is the "adjusted;	gros			\$2,440,196.7	<u>'U</u>
5.	Indicate below the amount of the adjusted gross proce the purposes shown. If the amount for any purpose is left of the estimate. The total of the payments listed forth in response to Part C - Question 4.b above.	not known, furnish an estimate and check the box to	to th	e			
				Ó Dir	ments to fficers, ectors, & ffiliates	Payments Others	to
	Salaries and fees			\$0.00		\$0.00	
	Purchase of real estate			\$0.00		\$0.00	
	Purchase, rental or leasing and installation of m	achinery and equipment		\$0.00		<u>\$0.00</u>	
	Construction or leasing of plant buildings and fa	acilities		\$0.00		\$0.00	
	Acquisition of other business (including the val						
	offering that may be used in exchange for the as		_				
	issuer pursuant to a merger)			\$0.00		\$0.00	
	Repayment of indebtedness			\$0.00		<u>\$0.00</u>	
	Working capital			\$0.00	\boxtimes	\$2,440,196.	<u>70</u>
	Other (specify):						
				\$0.00		\$0.00	
	Column Totals			\$0.00	\boxtimes	\$2,440,196.	<u>70</u>
	Total Payments Listed (column totals added)			\boxtimes	\$2,440,196	<u>70</u>	
		D. FEDERAL SIGNATURE					
sig	e issuer has duly caused this notice to be signed by nature constitutes an undertaking by the issuer to furmation furnished by the issuer to any non-accredite	irnish to the U.S. Securities and Exchange Comi	niss	ion, upoi			
ss	uer (Print or Type)	Signature			Date		
	twork Physics, Inc.	1 bever too			March 21, 2003		
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)					٨
Da	vid Jones	President and Chief Executive Officer					
_	·						

ATTENTION

E. STATE SIGNATURE

1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No
			\boxtimes

See Appendix, Column 5, for state response.

- 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
- 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
- 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.

The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

Issuer (Print or Type)	Signature	Date	_
Network Physics, Inc.	Adrese Jores	March 21, 2003	
Name (Print or Type)	Title (Print or Type)		
David Jones	President and Chief Executive Office	r	

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIA

1		2	3		4			5			
'	1	to sell									
	ассте	dited tors in	Type of security and aggregate offering		Type of investor and						
	St	ate Item 1)	price offered in state		amount purchased in State						
	(,	1,			(7.5.7)	Number of		(Part E-			
			Series A-1 Preferred Stock	Number of Accredited		Non- Accredited					
State	Yes	No		Investors	Amount	Investors	Amount	Yes	No		
AL								-			
AK							<u></u>				
AZ											
AR		V	24 404 000 00	40	A 4 404 000 00		20.00				
CA		Х	\$1,421,983.20	13	\$1,421,983.20	0	\$0.00	-	X		
СО											
СТ											
DE											
DC											
FL											
GA							· · · · · · · · · · · · · · · · · · ·				
HI											
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IN											
lA	ļ										
KS											
KY											
LA											
ME											
MD	<u></u>										
MA											
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MN											
MS											
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APPENDIA

1	2	2	3		4				5		
	Intend to sell to non- accredited investors in State (Part B Item 1)		to non- accredited investors in State Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State (Part C-Item 2)						
State	Yes	No	Series A-1 Preferred Stock	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No		
MT											
NE											
NV											
NH		- -				**					
NJ		Х	\$519,801.98	1	\$519,801.98	0	\$0.00		Х		
NM											
NY											
NC											
ND											
ОН											
OK				_							
OR											
PA											
RI											
SC											
SD						_					
TN						·					
TX											
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